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ORIGINAL DEPARTMENT.

Lectures.

A LECTURE ON THE SUBCUTANEOUS INJECTION OF MORPHIA.

BY EDWARD WARREN, M. D.,

(Late Surgeon-General of North Carolina.)

Delivered before the Baltimore Med. Association, Jan. 14, 1867.

The credit of having first used morphia subcutaneously in this country, is claimed by numerous individuals.

The following statement, will, I think, settle the matter definitely.

In the fall of 1857, I was called to a young lady, who was suffering greatly with a pain of the right radio-carpal articulation, accompanied by hysterical symptoms of a decided character. The pain was at once so intense, and so completely localized, that I determined to try the effect of a topical application of morphia. With this end in view, I dissolved half a grain of the sulphate of morphia in a drachm of water, and, having punctured the skin with my lancet, I injected the liquid by means of a syringe, which had been constructed for the lachrymal duct.

In a few moments the pain was entirely relieved and the patient profoundly asleep. After the lapse of several hours, she recovered her consciousness, and had frequent attacks of vomiting, but no return of the pain or of the hysterical symptoms.

From that time up to the present, I have been in the constant habit of using morphia hypodermically, employing the instrument described above, for several months, and then substituting a syringe constructed by TIEMANN for this especial purpose.

In the fall of 1860, I delivered a course of lectures in the University of Maryland, in which this mode of medication was recommended, and its advantages illustrated by several practical applications in the presence of the class. My claim to priority as regards the introduction of this remedy into the practice of this country, cannot hereafter be controverted.

With your indulgence I now propose to give a brief resumé of my medical and surgical experience in this regard.

In numerous severe cases of *cholera morbus*—approximating in the intensity of their symptoms to genuine Asiatic cholera—when the stomach and rectum persistently rejected everything introduced into them, I have injected morphia under the skin, with the most decided benefit to my patients. Indeed, in several instances, they declared themselves “perfectly well,” within a few moments after the employment of the remedy, and, to this day, believe that some magical application was invoked for their relief.

In *asthma*, I have seen it act equally well, restraining the secretion of mucus, relaxing the contracted vessels, relieving the pain, improving the respiration, and promptly inducing a quiet slumber. Unless the attack be of cardiac origin, it is best to precede its application by an active emetic.

A few weeks since I was called to a case of *ecclampsia*. A robust woman of middle life, had given birth to her first child, after a protracted and difficult labor; and had then been seized with violent convulsions.

So soon as I saw her, I injected one grain of morphia, in solution, under the skin of the arm, and then bled her freely. Under the combined influence of these two remedies, her pulse became soft and compressible, a copious perspiration started from every pore, the spasms ceased, the stertorous breathing subsided, and the patient sank into a quiet slumber. This condition of things continued for about six hours, when she returned to consciousness and rapidly recovered without the intervention of an unfavorable symptom.

The modes of treatment adopted by medical men for the cure of this affection, are as various as their views respecting its pathology.

The observations of DELASIAURE, TROUSSEAU, GEORGET, and KUSSMAUL, prove conclusively, that neither the proximate nor the remote cause of puerperal convulsions is to be found in a *hypnæmic condition of the brain*, the arguments of SULLY and MARSHALL HALL to the contrary notwithstanding. The universal and indiscriminate use

of the lancet—the policy of depletion *ad infinitum*—has been repudiated, consequently, by all intelligent physicians; and, yet a sound therapy demands that this mode of treatment shall not be entirely abandoned—that the judicious abstraction of blood shall sometimes be resorted to, in the management of this fearful malady.

SCHROEDER VAN DER KOLK, has I think, given the only correct explanation of the pathology of eclampsia. Discarding alike the dogma, that convulsions result necessarily from a determination of blood to the head, and the fallacy, that they are invariably the signs of a depressed and not of an exalted vital action, he affirms that the cause of this affection consists in a superpolarity or exalted sensibility and activity of the ganglionic cells of the medulla-oblongata, produced by a state of *turgescence or hyperæmia of these nerve centres*.

The combination of remedies employed in this case was suggested by this explanation of the morbid conditions which constitute the essential nature of eclampsia, and the success attending it. The rapid and complete subsidence of all the unfavorable symptoms furnishes additional confirmation of the truth embodied in the views of this eminent pathologist.

That the brain does participate in "the exalted sensibility and activity of the ganglionic cells," after they have been fairly developed, is an incontrovertible proposition. From a mere augmentation of functional activity, up to the most profound coma, the impress of this disturbing agency can be traced and demonstrated—modifying the pathological status in each individual case, and varying materially the treatment required for the arrest of the disease.

To SCANZONI is due the credit of having first advised the employment of morphia subcutaneously, in this disease; while "the combination" referred to above, was the offspring of my own reflections.

Hysteria sometimes assumes a form positively frightful to the uninitiated, and not a little alarming to the practitioner.

Last summer I was called to a lady, at one of the principal hotels of this city, who had alarmed the whole establishment by her fearful screams and violent movements. It required the united efforts of several persons to restrain her. Screaming, foaming at the mouth, gnashing her teeth, striving to gain the floor, and occasionally lapsing into violent convulsions, she presented at once a most painful and frightful spectacle.

The difficulty of administering medicines either by mouth or rectum, conjoined with the neces-

sity for prompt and decided measures, induced me to resort to the subcutaneous injection of morphia. Saturating a handkerchief with chloroform, I compelled her to inhale the vapor, and, so soon as she grew composed, I injected three quarters of a grain of morphia in solution under the skin of her arm. In less than five minutes she was sleeping as quietly as a child—every symptom of disease having disappeared—and continued in that condition of quiescence during the entire night. An aloeic purgative with a warm hip-bath prescribed on the succeeding morning, reproduced the suspended catamenia and perfected the cure. Not the slightest trace of hysteria presented itself subsequent to the use of the morphia.

Comments are unnecessary. What other remedy could have acted with so much promptness and efficiency?

In a case of acute *nephralgia* accompanied by agonizing pain, I administered four grains of the sulphate of morphia, in as many hours, by the mouth and rectum, without affording relief. The patient neither "felt sleepy," nor experienced the least abatement of his sufferings from the effects of the narcotic. The paroxysms seemed to increase in violence continuously, until, finally, in the acmé of a most acute attack, I administered chloroform, and injected subcutaneously half a grain of the sulphate of morphia. He grew quiet at once, and slept heavily for eight hours, when he awoke entirely free from pain.

Chloroform had been previously administered, and warm baths, cups, poultices, etc., employed in connection with the morphia given by the mouth and rectum, without producing more than a momentary subsidence of the pain. The hypodermic use of morphia intensified and perpetuated the effect of the anaesthetic, and gave instant and permanent relief to the sufferer.

My routine treatment of *delirium tremens* consists, *first*, in the administration of a mercurial purgative—blue mass and podophyllin—and *then*, in the administration of chloroform and the subcutaneous injection of morphia.

In some instances I have administered twenty grain-doses of the bromide of potassium at intervals of an hour, until the system was thoroughly saturated with it, and have then injected the morphia, with the most happy results.

The pathology of *delirium tremens* is but little understood, and its treatment by the profession generally is, therefore, empirical to the last degree.

Confounding effects with causes, medical men have inferred the existence of a specific and in-

variable pathological condition in this affection, from the manifestation in connection with it of a certain group of nervous symptoms having a definite character.

This is as unreasonable as to suppose that locomotion is infallibly the result of the same motive power, or that death is uniformly produced by the same destructive agency.

From a careful study of this disease, I am convinced that there are at least *three* distinct morbid conditions embraced in the general term, delirium tremens.

1. Positive inflammation of the brain or its membranes, resulting from the toxic effect of alcohol upon the nervous mass. This variety of delirium tremens is characterized by the ordinary symptoms of acute cerebritis, and is the result of the continuous indulgence in the use of alcohol. The patient drinks himself into the attack.

2. Direct irritation of the brain or its meninges, produced either by the continuous presence of the irritating element in the blood, by a loss of susceptibility upon the part of the cerebral mass to the alcoholic influence—the brain requiring the stimulant to which it has become accustomed, and the alcohol being present in the blood, while the responsive power of the one to the action of the other has been lost or suspended—or by the actual withdrawal from the system of the stimulant to which it has accommodated itself, and which has consequently become necessary to it.

3. Indirect irritation of the brain, developed through reflex action, from some derangement which exists primarily in the stomach, the liver, or some other important viscera. The nervous symptoms which present themselves in this connection being symptomatic of an inflamed mucous membrane or a deranged secreting organ, as the case may be. Every practitioner is acquainted with the fact, that symptoms of gastritis, hepatic irritation, etc., frequently precede and accompany the progress of this disease, and that no abatement of the mania, trembling, etc., occurs until they have been arrested. The phenomena of reflex action, as well as their mode of development, are too well known to require further consideration in this connection. When the alimentary mucous membrane has become thus inflamed and altered, its powers of absorption are necessarily interfered with; and hence, of the stimulants imbibed, but a small quantity reaches the brain, so that to some extent a *direct* and an *indirect* irritation of that organ are contemporaneously developed.

When positive inflammation of the brain or its membranes exists, the subcutaneous injection of morphia is contra-indicated, according to our present experience; but when the morbid phenomena result from the precedent induction either of a *direct* or an *indirect* irritation, this remedy seems not only to restrain it within legitimate bounds, but to control the symptoms of which it is the "*fons et origo*."

I have been much disappointed with the hypodermic use of morphia as a curative agent in rheumatism, gout, and neuralgia. When the nerves or their centres are temporarily subjected to a violent disturbance—when the affection is functional rather than organic—this remedy acts with admirable promptness and certainty. It then seems to be a veritable *imperium in imperio*, reducing everything within its reach to a condition of absolute dependence, and enforcing its authority by a talismanic but resistless power over each recusant atom and rebellious element of the organism. Abating all disturbing causes for the time being, removing every source of annoyance, and inducing in the system a condition of profound quiescence—of undisturbed repose—it so refreshes and invigorates the vital principle as to insure for it an easy victory over such affections as have not produced a positive and appreciable change in the economy, and thereby become an integral portion of it.

This mode of medication has no power, of course, over structural changes, morbid deposits, blood-poisons, and such diseases generally as possess a fixed, determined, and organic character. The pain in *rheumatism* is but the accompaniment of an inflammation resulting from certain recondite changes in the economy, whereby a morbid product or poison is eliminated, which acts as an irritant, especially to the nerves of the part invaded; and although the intensity of this symptom may demand the employment of potent remedies for the immediate relief of the sufferer, the disease of which this phenomenon is a mere exponent—the real cause of the disturbance—remains intact, prepared to reassert its supremacy so soon as a favorable occasion presents itself. The curative influence of narcotics in this connection is therefore unsatisfactory, evanescent, and delusive.

Sometimes, however, after the lithic acid has been neutralized, and the tendency to its development restrained, the irritation originally induced in some particular part remains behind, as a memento of the virulence of the influence to which the system has been subjected, leaving as its predominating characteristic an acute and al-

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most continuous pain. Under these circumstances the hypodermic administration of morphia is a most valuable remedy.

All that has been said of *rheumatism* will apply equally well to *gout*, and to *rheumatic gout*, which is undoubtedly a distinct disease.

When *neuralgia* depends upon some trivial cause, as an error of digestion, over-fatigue, exposure to vicissitudes of temperature, etc., or whatever produces simply an irritation of some nervous filament or centre, an injection of morphia will ordinarily relieve it thoroughly and at once.

Again, when the system has been worn down by pain, and a general spasmodic condition exists in connection with either one of this class of affections, morphia may be advantageously used as a means of affording temporary relief—of inducing a condition of repose—which, though of brief duration, is a veritable Elysium to the distracted invalid for the time being.

After the disease has become the fixed and permanent habit of the system—after it has acquired an organized and organic character—nothing can be accomplished by this mode of medication, save a transient abatement of the pain. Its mission is to soothe, not to cure—to control a distressing symptom, but not to eradicate the disease.

The effects of *aconite* and *atropia*, used hypodermically, are equally as transient, though usually more localized and less controllable than those which result from the employment of morphia. They may be combined with opium, especially atropia, not only for the purpose of serving as a physiological restraint upon the toxic effects of that drug, but as adjuvants and co-operators to its therapeutic properties.

Tobacco as a Remedy in Otolgia,

is extolled by Dr. THOMAS C. OSBORN in the *New Orleans Med. and Surg. Journal*. The cases in which he resorted to it were mostly neuralgic, due to malarial influence. The first case in which Dr. O. resorted to it was in a little girl in the second or third hour of a quotidian paroxysm of otalgia. The mode of application was very primitive, and will probably not be adopted generally in practice. It consisted simply in conveying a quantity of the Doctor's saliva, saturated with tobacco, into the patient's ear. In a few moments the patient was quiet, free from pain, and soundly asleep. The local use of tobacco in ear-ache has since passed into the hands of the people in the Doctor's neighborhood as a very efficient remedy.

Dr. O. also speaks very favorably of local applications of tobacco in cases of *prurigo* prepucii, scroti, podicus, and pudendi muliebris.

Communications.

THE ACTION AND THERAPEUTICAL VALUE OF CIMICIFUGA RACEMOSA.

By D. A. MORSE, M. D.,

Of Alliance, Ohio.

A description of this plant is unnecessary, it being given in the *Dispensatory*, as well as our text-books upon botany. Having been thrown in contact with a large number of medical men, during the past few years, I have instituted an inquiry to obtain information of the value of this plant, as well as the extent to which it has been employed by professional men. The fact that it exists in almost every portion of the United States east of the Mississippi, in great abundance, and is employed by the non-professional part of the community with great benefit, in a multitude of ills dependent on nervous disorder, contrasts strangely with the limited extent to which it has been used, many practitioners never having exhibited a single dose of the remedy.

The attention of the profession was first drawn to this plant by Dr. JESSE YOUNG, who had exhibited it with success in chorea. European journals copied his article, and, as a result, many of their readers exhibited the remedy with decided benefit.

Cimicifuga in its action is tonic, diaphoretic, and anti-spasmodic, according to its mode of administration. A warm infusion is diaphoretic and anti-spasmodic; a cold infusion, tonic. *Cimicifuga*, though possessing in a great degree the power of controlling nervous excitement, does not have the power of valerian in effecting immediate results. To this is due, no doubt, the little favor it has received from many who have employed it, and subsequently relinquished it for other remedies.

The class of diseases in which it will be found of benefit, are those of nervous debility and prostration, attended with irritability and excitement. Hence, it is of value in chorea, epilepsy, hysteria, many forms of dyspepsia, rheumatism, etc. In these disorders there is not only loss of power in the nervous system, but excessive irritability. There may be present a continued cause of irritation, though unfelt, and unperceived by either patient or attendant. The indications for treatment then become plain, though it may require much skill, and exhaust the patience of both practitioner and patient, before these indications can be met in a satisfactory manner. Like every remedy of value, it requires the aid of other

remedies; and here again has frequent failure in its use resulted, the proper aid to its use not having been given. I can illustrate its use in no better way than to recite the history of a few cases.

In 1862 I was consulted by a carpenter, of about thirty years of age, a victim of epilepsy, and a long train of nervous disorders, resulting from venereal excesses. He was married, and professed to have been guilty of no youthful indiscretion. He suffered from indigestion, great muscular debility, pain in the sides, limbs, and back; and at times, severe and painful retraction of the testicles. He was incapacitated for performing duty as a married man, emission taking place without an effort. He was placed upon an infusion of cimicifuga, strongly impregnated with quinine. A pill of hyoscyamus and camphor exhibited at bed-time, and cold affusion of the body and inferior extremities ordered to be employed. Each morning he applied tinct. of camphor to the abdomen, thighs and back, freely. He was under treatment four months, no change being required in the form, except occasional doses of podophyllin to excite the secretions of the liver, when he was dismissed, enjoying good health. He engaged in his daily pursuits, and was able to perform his labor without difficulty.

In the case of a child two years old, subject to epileptic convulsions, and which had insufficient muscular strength to support it upon its feet, though muscular, and in no way deformed, a cure was effected in two months, by the use of powdered cimicifuga, quinine, and iron by hydrogen. The child acquired the power of using its limbs in its support, and soon learned to walk.

In the case of another child, nearly three years old, which suffered frequent epileptic convulsions, and which from want of nervous power was unable to walk, great benefit was derived from the use of equal parts of tinct. of cimicifuga and fluid ext. valerian. This child was very fleshy; suffered attacks of indigestion, when a convolution was a certain attendant. Two spinous processes of the lumbar vertebrae were deficient, though none of the troublesome accompaniments of spina bifida were manifested. A space in which a proper formation of bone was wanting, could be distinctly perceived, part of the arch being evidently only ligamentous. This child improved in strength, and was able to walk; the convulsions were arrested for several months. When green fruit appeared, and provoked intestinal disturbance, the convulsions returned. The parents not desiring to incur the expense of long-

continued treatment, the case passed from my observation.

I have cited this to illustrate the necessity of continuing our efforts for a long time.

In the case of a lady aged fifty, who had suffered from insolation two years before, but who had a shattered nervous system, a perfect cure was effected. This lady had been engaged in the harvest field, when she succumbed to the influence of heat. For the sequela she had been subjected to the use of a multitude of remedies, and was evidently sinking into a state of hopeless dementia. A prominent physician had pronounced the case one of hopeless insanity.

I was requested to visit her by her husband, and give an opinion concerning the case, as to the probable amount of relief to be obtained from medical treatment. I stated that I had no doubt the result of treatment would not be as favorable as could be desired, but that no opinion could be formed in the case. I was requested to prescribe.

At this time there was intense pain, located by the patient at the vertex of the cranium. She would continually exclaim, "can any body tell me what I shall do for my head." No information could be obtained upon any other point. The skin was hot and dry; the urine and feces were voided in the bed.

During the morning, vomiting continued for an hour or more. She had taken strychnia, quinia, mercury, and a variety of drugs. She suffered from an intense buzzing and ringing, which was, as would be expected, one of the most persistent manifestations. A quack had poured melted butter in her ears to relieve this condition. This was dependent upon irritation. She was ordered to take a mixture of equal parts of tinct. of cimicifuga and fluid ext. of cypripedium. Blisters were applied behind the ears, and renewed whenever healed. She took a teaspoonful of the mixture every four hours, for three weeks, when a slight improvement was noticed. The vomiting was only occasional. The bowels moved but once in two or three days, and due notice was given by the patient previous to the operation. A liniment of tinct. of capsicum and camphor was applied to the back. I now added fluid extract taraxacum, and two grains of iodide of potassium to each dose of the mixture, and in a few days gave in addition to this, one-fourth grain of ext. nux vomica, three times a day. This was continued several weeks, the patient slowly improving. She became able to ride out, and was progressing well, when she received a fall in getting out of the buggy. This produced no serious injury, but caused so great a "shock," that she

was unable to sit up for several days. The remedies, however, were persisted in, and in a few weeks she was able to walk a short distance.

She was under treatment about six months, at the end of which time she walked two miles to my office, and returned with no bad results.

She suffered from constipation, and for this I continued small doses of nux vomica, which entirely removed all trouble.

In several cases of difficult menstruation, attended with severe pain, cramping of the limbs and stomach, and a manifestation of hysterical symptoms, I have effected a cure, by exhibiting fluid ext. cimicifuga and cypripedium, with ext. nux vomica, lactate of iron and quinine.

The cure has been permanent.

In chorea, hysteria, and neuralgic affections, combined with quinine and iron, it has no equal in the *materia medica*. As an evidence that the additional remedies are not the successful agents, we have repeatedly known them to fail until the cimicifuga was added.

In diphtheria, attended with great prostration, a warm infusion, with two-grain doses of quinine, will often cause the most alarming symptoms to abate. It produces copious perspiration, the pulse assumes a more normal condition, and great relief is obtained. The elimination of the poison is aided, irritation removed, the patient supported, and we are able to hope for a more favorable termination. Other remedies may be administered as indicated.

In irritative dyspepsia, combined with quinine, it gives tone to the debilitated nervous system. I cannot think it necessary to recite a long list of cases in which it has proved useful.

The remedy must be continued for a long time. There is no class of cases in which this is of greater necessity than in hysteria and disordered menstruation. If continued for several weeks it will afford relief. Fluid ext. of cypripedium will be found to be an almost indispensable adjuvant, relieving present nervous excitement, and when long continued, leaving a permanent impression.

It is common for many to administer cohosh until the female passes the menstrual period. If she has suffered pain it is suspended, and something else substituted. This should not be done, but the remedy continued, and it will be rare cases that will resist its influence more than two months before improvement is manifested. For the exhausted student, or for exhaustion from physical exertion, it is far more useful in procuring sleep than a "*night cup*" of toddy. It is more useful in debility from loss of semen, than bromide of potassium. In these cases, combined

with quinine, I have never known it fail in giving relief. It gives tone to the nervous system, removes irritation, procures sound and refreshing sleep, and cannot be dispensed with. It is an invaluable agent in spermatorrhœa, and will prevent nocturnal emissions. Its whole action is directed to the nervous system; and when it is desirable to correct long-standing disorder, it must be continued often for months. It will then be found to increase the secretions, invigorate and strengthen the nervous system, and remove functional nervous disorder by removing irritating causes, except foreign substances.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
December 8th, 1866. }

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Strumous Ophthalmia.

Catharine L., *et. four years*. This child is anaemic, and feeble in appearance. The margins of the eye-lids are red, and although the sight is unimpaired, she cannot look at the light very well. She looks downward, screens the eyes frequently by closing the lids, and gazes at objects in an oblique manner. She often buries her head in her mother's lap, to exclude the light. There is some lachrymation, and an adherence of the lids in the morning. The child has always been delicate; she is pale, has cold hands and feet all the time, soft and flabby muscles, a large upper lip, and a *tumid abdomen*. Her teeth are worn away.

The patient is suffering from scrofulous ophthalmia, the prominent symptom of which is photophobia, or intolerance of light. There is, in this affection, very little vascularity of the conjunctiva or sclerotic coat. In this case the eye is quite clear. Nevertheless, there is inflammation involving the cornea, and also frequently the deep structures of the eye, dependent, there is reason to believe, not upon tubercular deposit, but upon a tubercular atmosphere. More or less lachrymation is always present, and a little discharge, but seldom much mucus, or muco-purulent fluid, rarely more than is sufficient to glue together the eye lids in the morning; attended frequently with inflammation of the Meibomian follicles. There is always constitutional involvement; the blood is impoverished, destitute of the requisite amount of fibrin and coloring matter, and the solids participate in the morbid condition. The patient has exceedingly flabby muscles, is comparatively feeble, is not well nourished; the upper lip is *tumid*, the abdomen more or less enlarged, the extremities cold, showing defective circulation in the outskirts of the frame, the digestive functions are more or less disordered, and in fact there is almost universal derangement in consequence of the peculiar

impress on the system of the tubercular state. This affection is most frequently met with in early childhood, in this respect resembling scrofulous disease of the spine and of the hip.

The following treatment was ordered:

R. Quiniae sulphatis, gr. 1.
Hydrargyri bi-chloridi,
Morphiae sulphatis, $\frac{1}{2}$ gr. 1-20. M.
4 times daily, in solution.

Quinine is the great remedy in this disease. It allays morbid sensibility, and relieves photophobia more effectually than any other article of the *materia medica*. Morphia soothes the system; mercury is added to the prescription with the view to an alterant effect. Concentrated nutritious food was enjoined. She should have oysters, lamb chop, tenderloin steak or boiled fish, roasted lamb or chicken, potatoes, stale bread and milk; for breakfast and dinner a little meat; for supper, a half glass of milk and a piece of bread will be sufficient. The child should be put in flannel, thick shoes and stockings worn, and the skin be washed once every third or fourth day with tepid salt water. She ought to be permitted to go into the open air, when the weather will permit of it, wearing a green shade over the eyes.

Torticollis.

Maggie D., *æt.* four years. The head has always been twisted over toward the right side. The clavicular attachment of the right sterno-cleido-mastoid muscle is firm and tense; the sternal is less so, but is also rigid, and the distance between the mastoid process, and the clavicle and sternum, is less by one and a half or two inches than on the opposite side.

Torticollis, or wry neck, may be congenital or acquired; more frequently the latter than the former. It is usually a consequence of the inflammation of the sterno-cleido muscle or its sheath. It is not uncommon after severe colds, and attacks of rheumatism or gout. Sometimes it results from external injury, or it may be induced by holding the head in a vicious position.

The proper remedy is division of the affected muscle, upon the same principle as that on which the tendo-Achillies is divided in club-foot, or the internal straight muscle in convergent strabismus. The operation is subcutaneous. First, the clavicular, then the sternal portion of the muscle is severed a short distance above the clavicle,—three-fourths of an inch, or an inch,—care being taken not to interfere with the deep vessels or nerves in this situation, avoiding them by keeping the instrument in close contact with the muscle. Sometimes it becomes necessary when the contraction is very great, and associated with alteration in the bones of the neck, as occasionally happens in cases of long standing, to make use of an apparatus of peculiar structure, on the same principle as the employment of Scarpa's shoe after the operation for club-foot.

The clavicular origin of the sterno-cleido-mastoid muscle, was first divided, and then the sternal in the manner indicated; in this way all the tension was relieved and the head of the child liberated, so that she could throw it back and move it to either side with equal facility. No blood was

lost by the operation. The child was directed to be kept in a warm room and to have no meat for a few days.

Result of Castration, performed November 24th.

Joseph C., *æt.* 38. Two weeks ago this man's right testicle was extirpated on account of syphilitic disease, *vide p. 48*. The parts, four or five hours after the operation, were brought together with four twisted sutures passed deep through the structures so as to approximate the deep portions of the wound, to prevent haemorrhage and promote cicatrization. The parts have healed in great measure by first intention, and there has been no secondary haemorrhage whatsoever. The spermatic cord was encircled by a wire ligature with the intention of allowing it to remain during life, but some ten or twelve days after the operation it came away from ulcerative action without any hemorrhage. He has no pain, sleeps well, is improving in flesh, and everything is going on kindly.

The left testicle was involved in the disease, and, at the time of the operation, very considerably enlarged, much more so than it is now. It is gradually diminishing in size, and is free from tenderness. It is not only diminishing in volume but likewise in consistence, the induration gradually disappearing. The man has been in the use of the iodide of sodium and the bichloride of mercury, and a nutritious diet since the operation. This treatment will be continued for some time longer.

The left testicle may now be strapped with advantage. This is an admirable mode of treatment in subacute and chronic inflammation of this organ. It was first practiced in the early part of the present century in the Pennsylvania Hospital. The late Dr. HARTSHORNE was the first to employ it. It consists in the application of a number of adhesive strips long enough to encircle the testicle, arranged so as to overlap each other successively from above downward. When both organs exist, the unaffected one is drawn away from the opposite, and, the parts having been previously shaved, the first adhesive strap is applied over the lower part of the spermatic cord just above the epididymis. It is applied with great firmness, so as to produce a sort of constriction as it were. The next strip is put on in such a manner as to overlap the first about one-third of its breadth. Thus the application is continued until the whole organ has been embraced by these circular bands. Then the base of the tumor is included in a similar manner, by arranging the strips vertically. The object, is to make firm tight compression, to stimulate the absorbent vessels to a removal of the effused fluids upon which the hardness and enlargement depend. This application is not to be made during the acute stage of inflammation of the testicle, but so soon as the inflammation assumes a sub-acute character, or is deprived in great measure of its violence, then it answers an admirable purpose. One advantage is, that the patient when treated in this way is able to walk about in pursuit of his business or pleasure. Striking effects usually follow in the course of a very short time. At the end of twenty-four hours the application is obliged to be re-

newed, because at the expiration of this time, such is the diminution of bulk, that the testicle slips away from the straps. Sometimes it is not tolerated, and then it should be removed. The strips should not be more than half an inch in breadth.

The testicle was strapped in the manner described.

Scrofulous Adenitis.

James R., *æt.* two years and three months. He has been sick for three weeks. There is a swelling of considerable hardness and some extent, occupying a diameter of about one and one-half inches at the angle of the jaw on the left side, immediately in front of the sterno-cleido-mastoid muscle. A slight glandular enlargement exists on the opposite side. The child has light complexion, bluish eyes, and light hair. Stomach is not large, hands and feet are warm, and there is no discharge from the ears. He has never had measles nor scarlet fever, and has always been healthy. His skin is hot at night, his cheeks red and flushed, he is restless and asks for water. He has no fever during the day. His appetite is poor.

The tumor on the left side of the neck consists of an enlargement of one or more of the lymphatic ganglions in that situation. Under the influence of cold, disorder of the digestive apparatus, or the syphilitic or strumous diathesis, these glands are exceedingly liable to take on enlargement. It constitutes the form of disease to which the term scrofula was originally applied. This affection, although sufficiently common at the present day, is by no means so frequent as it was thirty or forty years ago, certainly much less so than at the time of Queen Ann and the Charleses. The term scrofula was then rigidly applied to this affection, from its resemblance to a little pig. The word scrofula has now a much wider application, being used with reference to diseases of the joints, the spine, the eye, the arachnoid membrane, and the lungs. The subjects of scrofulous disorder, as it occurs in the lymphatic glands, are young children, usually under the age of ten years, or at all events, under the age of puberty. They have generally a light complexion, light hair, light eyes, a tumid abdomen, and cold extremities. The disease is apt to be developed after severe attacks of other affections, as cholera infantum, measles, or scarlatina; exposure to cold is also a very common cause. Along with it eruptive diseases of the skin, of various kinds, are frequently met with; sometimes discharges from the ears, or sore ophthalmia, or strumous disease of the ball of the eye, or scrofulous disease of the hip or knee-joint, or Pott's disease of the spine, coexist. The blood is not vitiated exactly, but it is impoverished.

This affection is present in this case in a slight degree, and it is of recent standing; not chronic, as so frequently happens. He was ordered

R. Hyd. chlor. mit., gr. j.
Pulv. rhei,

Sodæ bicarb., ææ gr. ij.

every other morning, to correct the secretions, which are frequently very much vitiated, and to improve the appetite. After three or four doses

have been given, the medicine will be omitted entirely, or used in smaller quantity or less frequently. Inasmuch as the child is pallid, has a poor appetite, and no doubt imperfect digestion, he will take one-half a grain of quinia and five drops of the tincture of the chloride of iron three times daily. As a local application, the tincture of iodine, one part to five of alcohol, will be used once in the twenty-four hours. He should be kept warm, have a good nourishing diet, and take three times in the twenty-four hours, a teaspoonful of whisky in a tablespoonful of water and a little sugar. Ablutions should be performed daily with tepid salt-water, or water impregnated with a little mustard or alcohol, as it is primarily important to keep the skin in a healthy condition. In warm weather, the salt towel may be used to make friction after a bath.

Cheiloplasty.

Fanny S., *æt.* 11. Three years ago, during an attack of typhoid fever, mortification took place in the lower lip, the jaw-bone became necrosed, the teeth dropped out, and a large gap was made in the lower lip. Such a result as this may occur in the low depressed state of the system attendant upon typhoid fever, protracted dysentery, scarlet fever, and other disorders producing a great drain upon the general vitality, in consequence either of the suffering occasioned by the disease, or from the want of nourishment. Under such circumstances mortification takes place very frequently on the lip, in the upper or lower jaw, or both; sometimes in an extremity, in the top of the nose, or in an ear. In some cases such effects are brought about by ptysism. From its exceeding liability to set up inflammation apt to terminate in this way, mercury is dangerous when exhibited in low conditions of the system.

In remedying this deformity it will be necessary to dissect up the integuments from the lower jaw for some considerable distance, so as to bring the contiguous surfaces of the gap in apposition with each other. Unfortunately, the tissue around the opening is nodular, and consequently is exceedingly liable to slough, which is the great danger in cases of this kind.

The child was placed under the influence of chloroform, and the gap closed by sliding flaps forward, the parts being liberated thoroughly from the jaw-bone. The central wound was closed by three interrupted and three twisted sutures, the two lateral wounds being gently closed with the interrupted suture. The chief risk, after the operation, will be from erysipelas. She has been on the use of the tincture of the chloride of iron as a prophylactic.

A New Probe.

The *Cincinnati Journal of Medicine* quotes from the *San Francisco Medical Journal*, Dr. V. GELCICH's description of a new probe, an efficient substitute for the NÉLATON probe. The new probe is made of white pine, which, when it comes in contact with lead, shows the marks of this metal as clearly as the NÉLATON probe. Dr. GELCICH used it with success while a medical officer in the United States Army.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

January 23d, 1867.

Laceration of Liver; Aneurism of Aorta; Sacro-iliac Disease.

Among the specimens presented, was one by Prof. WOOD, of a liver which had been lacerated by external violence, and which contained large quantities of hydatids; another by Dr. NEUMAN, of aneurism of the aorta beneath the pericardium, where, owing to the thinness of its coats in this portion, it had, as is usual, ruptured, before acquiring a size greater than a common walnut.

A specimen was also presented by Prof. HAMILTON, of

Sacro-iliac Disease,

upon which he remarked as follows:

I present a specimen illustrating disease of the sacro-iliac junction. The history of the case, as reported by Dr. CORY, my House Surgeon at Bellevue Hospital, is as follows:

Catharine Bradford, set. 34; Irish; was admitted into Bellevue Hospital, November 26th, 1866. She had enjoyed uninterrupted health up to the commencement of the disease, of which she finally died. She had inherited no disease; had had no difficult labors, and had not borne children for five or six years; nor does she recollect having received a severe injury of any kind. In June last she began to experience pain across the loins, increased by efforts to turn in bed, and by lying upon the affected side. These symptoms became aggravated, and she at last noticed a swelling in the right lumbar region, which gradually increased until she was admitted to the hospital. When examined at this date, the swelling was distinct and fluctuating, and very near the surface; but there was no abnormal projection along the course of the spine, nor tenderness, except over the last lumbar vertebra, and over the right sacro-iliac junction. She complained of very little pain; what she had, being referred to the sacrum. While standing, she leaned upon the sound limb, and kept the affected limb very slightly flexed and abducted. On opening this fluctuating tumor, there was a discharge from it of a dark, unhealthy pus. Following up the canal, it was found to lead toward the vertebral column; but its precise origin could not be ascertained. She felt relieved after the abscess was opened, and in a few days was allowed to walk about; but in a short time the discharge began to increase, and the symptoms of consecutive fever became apparent. The pain, from which she had been relieved for a short time, returned; particularly in the course of the sciatic nerve, and over the sacro-iliac junction. She could not lie upon her right side, but was quite comfortable on her back, with her limbs extended. An attempt was made to dilate the sinus by a tent made of slippery-elm bark; but on account of the pain it caused, this was discontinued. On January 3d she had a chill, followed by a cold sweat; her stomach became very irritable, and the discharge from the sinus diminished. Chills

then occurred daily, and the general symptoms of systemic poisoning were fully established. In a few days the right leg became edematous and tender, and at certain points emphysematous; effusions occurred in the knee-joint; the limb became gangrenous, and she died January 11th.

Post-mortem examination showed fatty degeneration of the liver; some enlargement of the kidneys, but no other important lesions were observed until we came to the parts in the vicinity of the abscess. The abscess was discovered leading to the right sacro-iliac junction, where we found a large cavity in the vicinity of the bones forming the right sacro-iliac junction, which would contain five to six ounces of fluid. At the sacro-iliac junction, which was entirely involved, one sequestrum had become entirely detached. Extending the examination upward, it was found that the anterior portion of the fifth lumbar vertebra was exposed and roughened, and also the transverse process of the fourth, but neither were actually necrosed. Tracing the canal formed by the abscess outward, we found that it escaped through the quadratus lumborum, upon the outer edge of the sacro-lumbalis and latissimus dorsi, over the crest of the ilium, at a point four or five inches anterior to the posterior superior spinous process of the ilium. This point of exit is not infrequent, as it may easily emerge by the side of these several muscles, if it seeks a point of exit so low down as to pass only through the cellular tissue, which constitutes the lower margin of the lumbar aponeurosis. It is at this point that the true psoas abscess occasionally escapes; so that we might be led to suppose this to have been a psoas abscess. The matter having escaped through the muscular parietes, met with resistance from the integument, and flowed downward upon the gluteal region, as is not uncommon in these cases. Tracing the abscess in another direction, we found it passed forward into the sheath of the psoas magnus, entering the sheath just where it crosses the upper portion of the ilium, at a point where the sheath is exceedingly thin and easily penetrated. It then passed along the posterior wall of this muscle, between it and its sheath, without penetrating between its fibres, and continued its course down to the insertion of the psoas magnus and iliacus internus into the trochanter minor. The abscess had also dissected up the periosteum, from the anterior surface of the sacrum, and was pointing toward the coccyx. Some of the nerves emerging at this point were completely involved in the abscess. Posteriorly and below, a sinus led from the abscess backward, through the upper part of the sciatic notch.

Did this disease begin in the lumbar vertebra, or in the sacro-iliac junction? I believe that it began in the sacro-iliac junction, though it is unusual for an abscess to work upward. The greatly peoplerating amount of disease at this spot seems to settle this point conclusively.

The inferences we draw from this case are: First, that a disease of the sacro-iliac junction may occur in an otherwise healthy person, without any apparent cause; certainly without great violence. Second: It may make very considerable progress without producing any very serious

disturbance in the general system. Third: That disease in the sacro-iliac junction may progress for months without any very marked lameness. This observation I wish to be considered as in violation of the rule, and as only exceptional in this instance. Fourth: That this sacro-iliac abscess may open like a psoas abscess upon the back, that it may take the course of the psoas muscle, or point anywhere in the perineum, or at the ischiatic notch. It is very well understood that "psoas" abscess, as the term is generally applied,—that is, an abscess originating in caries of those vertebrae from which the psoas takes its origin,—either from the last dorsal or four upper lumbar,—finds its way between the fasciculi which compose its heads, and actually penetrates the substance of the psoas muscle, causing serious destruction of it. But if the abscess should commence in the fifth lumbar vertebra, or in the sacro-iliac junction, and should make its way into the sheath of the psoas muscle, which it can do with great ease, upon the outer and posterior margins, then it may descend along the back of the muscle, as it did in this case, without entering it at all, and give rise to no characteristic symptoms of a psoas abscess.

I believe we can in some cases make use of this circumstance of ability or inability on the part of the patient, to extend the thigh upon the body, in determining whether the abscess originates in those vertebrae from which the muscle takes its origin; or in the fifth vertebra, which is below, or from the sacro-iliac junction. Possibly, had this disease been diagnosed in the early part of its existence, and had the patient been kept in the recumbent posture, and lying on the sound side, its progress might have been arrested.

EDITORIAL DEPARTMENT.

Periscope.

[The following extract from the report of Dr. T. A. REANY on Obstetrics, to the Ohio Medical Society, should have appeared in the REPORTER of Jan. 12th, in which was published Dr. HILDRETH's criticism on it, but it was mislaid.—ED. MED. AND SURG. REP.]

Rupture of the Membranes, Artificial Dilatation of the Os, and use of Ergot and Chloroform as a means of shortening tedious Labor.

In March, 1865, Dr. C. C. HILDRETH, of Zanesville, Ohio, read before the Muskingum County Medical Society a paper on the above subject, which, after some revision, was published in the April number of the *American Journal of Medical Sciences*, for 1866, page 361. As the published article will reach and influence many more practitioners than the original paper, I shall make my quotations from it, and proceed briefly to examine the soundness of the advice given. He says:

"I have found chloroform very valuable in all instrumental deliveries and operations; in puer-

peral convulsions, by whatever cause induced; and in all cases of version. But the chief value of chloroform is in tedious, lingering labor, arising from rigid, undilatable os uteri, and accompanied by too feeble or excessively painful contractions. In such cases chloroform acts like a charm. Under its influence the rigid os becomes soft and pliant, the mucous follicles of the uterus and vagina pour out their secretions in abundance, and labor progresses rapidly. Obstetrical authorities advise us in nearly all cases to leave the membranes intact until the os uteri is fully dilated. With the patient under chloroform, I am confident this advice may in many cases be disregarded, with perfect safety to both mother and child. It has been my practice, in lingering labor, to administer chloroform, rupture the membranes and discharge the waters freely. By this practice we add very much to the energy and efficiency of the uterine contractions. An over distended bladder is nearly paralyzed, and cannot contract until part of its contents are removed by the catheter. So we often find the uterine muscular fibre so over-distended that its contractions are almost powerless. As the last pains of labor are usually strongest—simply because part of the uterine contents are expelled—so the first pains are rendered more efficient by diminishing the capacity of the organ. The patient under chloroform, and the waters discharged, if the os uteri does not dilate easily, I have found the occiput of the child, and the well lubricated fingers of the accoucheur carefully applied, as safe, and much more efficient dilating instruments than the bag of water."

Dr. HILDRETH is one of the oldest, and justly ranks among the most intelligent practitioners of the State. His opinions and statements will command, therefore, as they ought to do, the attention of many practitioners. Hence I have quoted him at length, in order that I may not misrepresent him in the few strictures which I deem it my duty, as an obstetric reporter, to make upon his advice:

1st. As to the early rupture of the membranes. This is not only contrary to the accumulated testimony of the medical world, but is contrary, we think, to sound reason. If this course were advised only in cases of a morbid character, where from an excessive quantity of amniotic fluid over distension really exists; or to cases where the presence of several children caused enormous distension, so as to thin, and therefore, weaken the uterine walls that they could not contract with sufficient power, it would be well. But Dr. H. makes no such distinction; he advises rupture of the membranes simply because there is an "undilatable os, accompanied by too feeble or painful contractions." It will be noted, also, that he ruptures them when the patient is "under chloroform," which, he says, "acts like a charm." "Under its influence the rigid os uteri becomes soft and pliant; the mucous follicles of the uterus and vagina pour out their secretion, etc., etc." Now if these results follow the administration of chloroform, rupturing the membranes must be simply to remove "feeble" or "painful contractions," for it would certainly be meddlesome midwifery to impose mechanical interference in a case where

therapeutical results are so grand. Again, at page 363, *American Journal of Medical Sciences*, Dr. H. says: "Ergot is our most valuable and efficient remedy for feeble uterine action." A small dose repeated at intervals of fifteen or twenty minutes, will increase the frequency and energy of the uterine contractions, or bring them up to the natural standard." This reduces rupture of the membranes, therefore, to removal of "painful contractions." I know of no process of interference which could with greater certainty produce painful contractions. At page 362, Dr. H. says: "In lingering labor, FROM ANY CAUSE, I am well convinced the rate of mortality to mother and child will be much diminished by the use of chloroform; the early rupture of the membranes, and the discharge of water, by the artificial dilatation of the os when required, etc., etc." No distinction is made here between lingering in the first or second stages of labor. Now it is conceded by all good authors, that very little danger, either to mother or child, attends a tedious *first stage*. The danger is when we have delay in the second or expulsive stage. This is especially true as to the child. The first stage, or that of dilatation, may continue almost indefinitely, and as long as the membranes are intact, or the child floating in the amniotic fluid, no danger exists; but rupture and discharge that fluid, and we endanger the life of the child, not only by direct pressure of the uterine walls made upon it, but by continuing that pressure through first and second stages both. Moreover, if the presentation should be such as to demand turning, we render that operation ten-fold more difficult, by reducing the space between the uterus and child, and rendering the uterine contractions more vigorous, thereby causing the introduction of the hand and bringing down the feet, not only difficult to the accoucheur, but eminently dangerous to mother and child.

Again. The early rupture of the membranes and the evacuation of the water, renders the proper management of the cord, when prolapsed, almost impossible. Indeed this would hardly be putting it in its proper light, for such a procedure would, in a case where the funis is prolapsed, cause the death of the child from compression of the cord in most cases before that accident could be detected, much less remedied.

But to get rid of one of the chief difficulties that would almost inevitably follow, not as a coincidence, but in my humble opinion, as a consequence of rupturing and evacuating, Dr. H. advises artificial dilatation of the os uteri with the "lubricated finger," as a "safe and much more efficient instrument than the bag of waters." Now, let us examine this but for a moment. Consider the tender and sensitive structure to be dilated; compare the "lubricated finger" with the soft and conical bag of water. Then consider the direction of the force applied. The finger drilling its way from without inward; the bag of water gently wedging its way by imperceptible degrees from within outward; the head of the child following it up as it prepares the way. It seems to me the mere tyro in mechanics, without any knowledge whatever of muscular physiology, could settle such a question, and would condemn

the artificial dilatation, except as a stern necessity.

But we will call a few witnesses. CAZEAUX Midwifery, page 384, says: "Sometimes they (the membranes) are ruptured at the beginning of labor, which is thereby rendered more difficult for the mother, as also more dangerous for the child, especially when a considerable quantity of water escapes at the time."

HODGE's Principles and Practice of Obstetrics, page 420, speaking of regular and irregular contractions, says: "The premature discharge of the liquor amnii is very universally an aggravating cause, being followed not merely by the tonic contractions, but very generally by powerful expulsive efforts of the uterus. Hence, the abdominal muscles and diaphragm are prematurely excited, and the phenomena of the second stage of labor complicate the first. In this way not only are the sufferings of the mother greatly augmented, and her strength exhausted by unavailing efforts, but also the child is forcibly impinged against the cervix, increasing still more its rigidity, In other instances, however, they are the production of the most severe and dangerous accidents to which the parturient woman and her child are liable."

CHURCHILL's System of Midwifery, page 271, says: "It is very certain that the dilatation of the os uteri in labor is liable to be very greatly impeded by the rupture of the membranes and the escape of the liquor amnii during or before the setting in of the first stage; not, however, from the bag of water as a wedge forcibly dilating the os uteri. The true cause of the retardation of labor from the early rupture of the membranes is because the pouch formed by the waters enclosed in the membranes, by adapting itself to the shape and inequalities of the cervix, makes more equitable pressure upon its fibres, and, consequently, subdues their resistance more equally than can any part of the child that may present without its intervention. The head by being brought too early in contact with the cervix uteri—by acting unequally upon its muscular fibres, while it overcomes the resistance of some, increases that of others, and thus delays the dilatation of the os uteri—and increases the sufferings of the female, by irritating it to an irregular and somewhat spastic action."—*Note by CONDIE.*

HODGE, page 430, says: "As regards the os uteri during the early periods of dilatation, all prudent practitioners condemn the use of the fingers and bougies, or other means to accelerate the process; and though such operations may be performed with impunity in many instances, yet they excite pain, irritation, and other spasmodic contractions in the os uteri—thus retarding instead of accelerating the process of labor. There is danger also of exciting inflammation, and even of causing laceration of the tissues."

TYLER SMITH, the authority to whom Dr. H. is partial, says: "Again, the uterus is sometimes enfeebled by premature rupture of the membranes. If, at the commencement of the dilatation of the os uteri, the liquor amnii be expelled, the uterine actions are generally increased beyond the natural strength; but there are cases in which the escape of the waters at this time

quite suspends the action of labor; the uterus appears baulked in its aims, and becomes inert for many hours, or even days. In any case, the membranes should be preserved, unless the liquor amnii is excessive, with the utmost care in natural labors, until full dilatation has been reached.—*Smith on Parturition*, page 486.

Your Committee has, in three or four instances, adopted the practice recommended by Dr. H., since his paper was read before the Muskingum County Medical Society. In no case has it done well. The labors were rendered more tedious, and in one case the child lost, from the second stage of labor being complicated with the first. We therefore condemn the practice—

1st. Because it is unnatural—substituting artificial for natural and efficient forces, making labor a pathological instead of a physiological phenomenon.

2d. It is meddlesome and officious interference.

3d. It endangers the life of the child by inordinate and early compression of the cord, placenta, and child, and by rendering proper management of a prolapsed cord difficult, if not impossible.

4th. It endangers the life of the mother and child, by rendering corrections of slight malpositions more difficult, and turning, when demanded, next to impossible in many cases.

5th. It injures the mother by the inflammation that may be induced of the cervix and other tissues.

In a case of tedious labor, when other means failed, the presentation being natural, the efficiency and speed of the process might be very much accelerated by separating the membranes from the cervix, (not rupturing them,) as recommended by Dr. ANDREW INGLIS—*Edinburgh Medical Journal*, July, 1865, page 24. The best practice is to give a full dose of opium or morphia, or chloroform by the mouth, or bleed freely, or use all of these means, as the case may require. After a few hours' sleep, the pains go on naturally and labor progresses favorably. Should this result not be attained, however, I would separate the membranes to as great an extent as possible.

Contents of Sputa.

M. N. FRIEDREICH describes the following bodies as having been met with in sputa.—*Brit. Med. Journal*.

1. *Bone*. A patient suffering from tuberculosis, and vertebral caries, frequently expectorated pieces of bone, of the size of peas. They had the appearance of carious spongy bone, and under the microscope presented the true osseous structure. They evidently came from the vertebral column.

2. *Hematoidine*. A patient, who had pleurisy in the left side, was seized with circumscribed pneumo-thorax, and pyopneumo-thorax, preceded by very severe pain, dyspnoea, and purulent expectoration. Examined under the microscope, the sputa were found to contain innumerable crystals of hematoidine. Crystals of the same substance were also found in the pus contained in the pleura.

3. *Tyrosine*. A woman expectorated fibrinous casts of the bronchi, of a dirty gray color. Under the microscope they were seen to be composed of pus-cells, undergoing fatty degeneration, and of a finely granular detritus, imbedded in a fibrinous mass. There were also a large number of colorless crystals, having different shapes, but generally in the form of very long and fragile quadrangular octohedra. These were, M. FRIEDREICH says, crystals of tyrosine.

4. *Amylaceous Corpuscles and Sarcinae*. A woman had narrowing of the mitral orifice, thrombus in the right auricle, and in the pulmonary artery, haemorrhagic clot in the apex of the right lung, and secondary pleurisy. She expectorated amylaceous bodies, having as their centre a dark or crystalline pigmentary mass; the sputa also contained very minute sarcinae. These did not come from the mouth or stomach, but from the deeper parts of the air passages.

Local Anesthesia in Dentistry.

At a meeting of the Odontographic Society of Pennsylvania, the proceedings of which are published in the *Dental Cosmos*, Dr. McQUILLAN, as chairman of the committee appointed to test the merits of Dr. RICHARDSON's instrument for inducing local anesthesia, made a report favorable to its use in the minor operations of surgery. Dr. STELLWAGEN furnished a table showing the painless extraction of 22 teeth, out of a total of 23; the one exceptional case being connected with a large abscess at the roots of the teeth (first and second right inferior molars) extracted. These cases occurred in the clinics of the Philadelphia Dental College.

Acute Rheumatism: Concretion in the Pericardium; Migration of a Swallowed Thorn into the Heart.

This interesting case, is quoted from the *Würzburg, Med. Zeitschr. and Gaz. Méd.*, by the *Brit. Med. Journal*. A man, aged 27, died of an attack of acute rheumatism with cerebral symptoms. At the autopsy, numerous tuberculous granules were found in the pia mater; also in the liver, the end of the ilium, and the coccyx, and a few in the lungs. The pericardium presented numerous adhesions, formed by a very vascular fibrous tissue. In the pericardial cavity was a flattened irregularly elongated body, of the size of a haricot bean, and of a yellowish red color. On being divided, it was seen to consist of a large central nucleus, hard as stone, and of a thin envelope arranged in concentric layers, the inner being the hardest. On being examined under the microscope, the capsule was found to be formed of irregular lamellæ and fibres, among which (except in the outer layer) were deposited calcareous granules. The nucleus consisted of calcareous matter, separated by a little fibrillary substance. On placing a piece of the nucleus in hydrochloric acid, the calcareous matter disappeared with effervescence, leaving a soft transparent membrane, consisting of amorphous substance with numerous cells like those of flattened epithelium, separate or aggregated. On the posterior wall of the left ventricle, near the septum,

an inch from the apex, was a cicatrical depression, four lines in diameter. Within the ventricle, the point of a thorn, (of the sloe) was found projecting into the cavity, being covered by a closely adherent layer of fibrine; the base lay in the septum. The valves were healthy. A year and a half before death, the man had swallowed a thorn, and had felt pain in the oesophagus, afterward in the heart. Mr. KUSSMAUL, who relates the case, supposes that the thorn traversed the oesophagus and pericardium, setting up inflammation in the latter, the results of which were the adhesions and concretions, and finally became lodged in the heart.

Temperature of the Body in Disease.

Dr. DA COSTA, in relating a case of cancer of the stomach with latent symptoms, before the Pathological Society of Philadelphia, (published in the *Amer. Jour. of Med. Sciences*,) makes this important statement:

The temperature of the body was below 100° F., notwithstanding the progressive and rather rapid wasting. It is known that in tubercular disease, the thermometer indicates a heat much higher—a fever temperature. Shall we find it the rule, that cancerous affections show a comparatively low temperature? If so, many a doubtful differential diagnosis between cancer and tubercle of internal organs will cease to be doubtful. Dr. DA COSTA has thus far four observations bearing on this point. In a case of cancer of the liver under his charge at the Pennsylvania Hospital, and which terminated fatally, the evening heat was never but a fraction above 99°; in a case of cancer of the mesenteric glands, of which the temperature was taken carefully by Dr. EDWARD SMITH, it did not exceed 98°; in another case of internal cancer, it did not reach 100° F.

Neuralgia Believed by Trephining.

Dr. J. T. GILMORE, of Mobile, relates this case in the *New Orleans Med. Journal*. The patient was a lady about fifty years of age, with a neuralgia of eight years' standing, occupying the branches of the fifth pair of the right side, and the spinal nerves to a point as far down as the lower angle of the scapula. On the left side, it was confined to the branches of the fifth pair. Her suffering was not continuous, but in paroxysms, recurring every few seconds. Pressure on the branches of the fifth pair of both sides would produce a paroxysm in these nerves. Both temples were considerably puffed, and there was some swelling at the lower angle of the scapula. No cause could be detected, except a fracture of the skull at the junction of the right parietal and frontal bones, received twenty-five years previously, by the kick of a horse, and the repair of which had been left to nature, leaving a marked depression of the skull.

The neuralgia, when it broke out eight years ago, had been preceded by a burning and throbbing sensation at this point. It attacked first the branches of the fifth pair of the right side, subsequently those of the left, and then gradually extended down as low as the point indicated on the right side. On the right clavicle

there was an eccentric enlargement, situated about two inches from its sternal articulation, that approached in size a pullet's egg. Appetite and digestion had remained unimpaired.

Looking upon the depression of the skull as the cause of the neuralgia, Dr. GILMORE determined to operate. After the removal of a button about the size of a silver quarter of a dollar, he found that he had gone through nearly an inch in thickness of a bony mass, and around the internal circumference created with the trephine there remained a ridge, that tapered off into the thickness of the healthy skull. There was in fact an internal exostosis.

The neuralgia subsided immediately after the operation, and with the exception of two attacks of cardiac neuralgia, which occurred within a month after the operation, she remained entirely well. The enlargement of the clavicle commenced disappearing after the operation, and there scarcely remains a trace. It resulted, in Dr. GILMORE's opinion, from excessive nutrition produced by neuralgia at that point.

Reviews and Book Notices.

The Transactions of the American Medical Association. Instituted 1847. Vol. XVI. Philadelphia: printed for the Association. Collins, Printer, 705 Jayne Street. 1866. Price, \$5.00. Somewhat smaller in bulk than many of its predecessors, (having 591 pages of new matter,) this volume contains a great deal that is interesting and useful. The REPORTER having given an account of the proceedings of the Convention at Baltimore shortly after its meeting, our remarks may now be confined to other subjects. First, and least agreeable to all readers, must be the statements of the Committee of Publication and Treasurer, that, owing to the very limited demand for the Transactions among the permanent members, the Association is in debt, for the printing of this volume, over four hundred dollars. As a plain account of the facts, the following language of the Treasurer, Dr. C. WISTER, may be quoted.

"The permanent members of the American Medical Association will not purchase the volume of Transactions. Although local agencies have labored in the most important cities of the country, and circulars have been sent to individual members, while publication was made in the leading medical journals, the fact has been again and again demonstrated, that the members of the American Medical Association do not consider the volume of Transactions worth the cost of its production." "Unless this Association ceases to refer masses of matter for publication, and the bestowal of an annual prize, Vol. XVI. is the last volume that can be published."

Dr. STOKER's address, as President, is an

admirably composed discourse, chiefly upon specialism and its relations to the medical profession. It begins with an exposition of some of the evils of abused or illegitimate specialism. When the subject is opened, "we recall," says Dr. STORER, "the days of our childhood, when Dr. A. was considered "good in fits," Dr. B. was "capital in fevers," Dr. C. was "excellent with children," and Dr. D. "had no superior in women's complaints." All this, of course, is undignified enough. The editor of the *London Medical Times and Gazette*, supplies us with a good hit at the extreme tendency to specialism in hospitals; good enough to be quoted here. He is speaking of a circular, begging aid for a newly instituted hospital for diseases of the heart, and remarks, "On the sound principle that we cannot have too much of a good thing, we venture to prognosticate a great success for two institutions, one of which shall take the *right* side of the heart, and the other the *left*. Clerical patronage will not be wanting. Bishops may be expected to interest themselves in the mitral valve, whilst the tricuspid may be left to the dissenters."

After a full showing, however, of the unprofessional and injurious nature of charlatan specialism, Dr. STORER concludes his address with a plea for the encouragement of its legitimate exercise. The following are his last words:

"We would not, then, disown the specialist, as such; we would not speak disparagingly of him; we would neither ridicule nor condemn him; but would cheerfully welcome as a co-laborer to our ranks, every well-educated, honorable, honest physician, to whatever portion of our science he may devote his time and his talents. Every atom he can add to our stock of knowledge, every grain he can place upon the mound already raised, shall be appreciated and rejoiced in; and as long as his conduct shall prove him worthy of our esteem, so long may he claim and possess it."

The section of the Association "of Medical Jurisprudence, Physiology, and Hygiene," reports some brief discussions, a long paper by Dr. S. LITTELL of this city, "On the Relations which Electricity Sustains to the Causes of Disease,"—a Report of the "Committee on Disinfectants," and a few pages of Remarks by Dr. B. VANEUIL CRAIG, on the use of the Permanganate of Potassa for the Purification of Water, especially during the prevalence of cholera.

Dr. LITTELL's paper is very well written, containing ideas which he long ago published, and similar to those of Sir JAMES MURRAY and

Dr. CRAIG of Ayr. Their peculiarity may be at once understood from the following paragraph:

"The fiction that there are floating in the atmosphere miasms which enter into the circulation by respiration or otherwise, acting as a poison to the blood, and severally producing scarlet fever, measles, small-pox, etc.,—for these diseases often prevail in the same neighborhood or household, and two of them sometimes in the same person—thus rendering the air we breathe, and which a merciful Providence intended to be a life-giving principle to man, a magazine of hostile elements warring for his destruction, may have appeared clear and satisfactory in the age in which it was invented; but, viewed in the light of modern discovery, it is, to my judgment, as absurd as I believe it to be unfounded."

Few scientific men, however, if any, besides the two above named, join with Dr. LITTELL in substituting, for the theory of *materies morbi*, that of deviations in the quantity, intensity, and distribution of vital electricity. If it be old fashioned, we are still with the majority in believing in the "miasms";—yes, perhaps in as many, and quite as hard to fix, as are the thirty-nine articles of the Anglican Creed. Dr. LITTELL's practice does not appear to be so greatly modified as we might expect, by his theory; he only explains common actions in an uncommon way.

We reserve comment upon other papers of the Transactions for a future number.

— MEDICAL PRIZES. The prizes of the French Academy for 1867 run as follows: Prize of the *Academy*: The Clinical History of Fibroplastic Tumors. *Portal* prize: On the Various Kinds of Melanosis. *Civrieux* prize: On Dementia. *Capuron* prize: On post-mortem changes of the foetus in the living uterus—their character, and the means of ascertaining their date. *Amusat* prize: Improvements in Surgery, or Discoveries in Anatomy. *Itard* prize: The best recent work or memoir on Practical Medicine. *Godard* prize: The best memoir on External Pathology. All of these prizes are of the value of 1000 francs. Those for 1868 are as follows:

Academy prize: On sanguineous effusions in the substance of the tissues. *Portal* prize: On tumors of the encephalon and their symptoms. *Civrieux* prize: On psychological phenomena before, during, and after induced anesthesia. *Capuron* prize: Treatment of uterine affections by mineral waters. *Orfila* prize: On Digitaline. *Godard* prize, as before. *Argenteuil* prize: For improvements in the treatment of stricture, (1863—1868,) 8000 francs. *Lawson* prize: The physiological and pathological effects of climate on men and animals—2000 francs.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, FEBRUARY 9, 1867.

CENSUS OF NEW YORK.

We are indebted to the New York *Tribune* for the publication, in advance of the official report, of some of the main results of the census of the State of New York for the year 1865, and which throw considerable light on some points of social science. The most interesting question of the natural increase of population—the decline of natural increase which has been claimed for the native-born population of the New England States, and apparently supported by incontrovertible facts and figures, render any further data, confirmatory or otherwise, of importance, and although we have been unable to draw from the facts given by the census any perfect conclusions, yet we lay them before the reader so far as they are deemed of interest.

The population of the city of New York is given as 726,386, that of the State as 3,827,818; a per centage of city to State of 18.98. But this is only one city. It is perfectly fair to estimate that one-fourth of the whole population of the State of New York (and the same is undeniably true of Pennsylvania) are residents of cities of over fifty thousand inhabitants. This is a very large per centage, far beyond any European standard, except England; and the influences to which our race is exposed by congregating and dwelling in cities, must be proportionately intensified, be it for good or for evil.

The population of 726,386 men, women, and children of the city of New York dwell in 49,844 houses, which gives a ratio of a little over 14.50 occupants to each dwelling-house. Or, to compute with the number of families, which is given as 148,683, we have an insignificant fraction less than three families to each house. This is a mere average. Thousands of families of the wealthy classes occupy dwellings by themselves, and the number of houses tenanted by more than the average number of families is much larger than those occupied by less. This point, of the overcrowding of dwellings in this city, however, has become a matter of so general notoriety, that it is unnecessary to enlarge upon it here.

So also, the effects of this overcrowding upon public health and mortality have been too often stated to require repetition.

But this overcrowding, besides its ill effects upon public health, undeniably exercises a most

deleterious influence upon public morals. "Vice prospers where large masses are congregated," is a truism as old as humanity. The family forms the groundwork of the State. In New York, in consequence of mere want of space, *true family life* among the *ten thousands* is almost an impossibility; and hence we find that the city, misruled, robbed, and plundered by her own citizens, could only have been resuscitated from the clutches of her destroyers by that part of the population of the State with whom the ennobling and refining *influences of family life* yet form the motive power of public action. Double the number of dwellings in New York, and beside reducing the mortality lists and improving the health of her people, you will do more toward breaking up grogeries and the whole system of physical and moral corruption, than all "metropolitan" laws and commissions, however rigidly enforced and judiciously selected, will be able to accomplish.

Leaving this point, we come to a part of the census which is replete with interest, as it introduces a new feature in determining the natural growth of population not hitherto generally adopted in censuses. We mean the inquiry into the *number of children in families* and the *number of children of each mother*.

From the table given we quote the following figures:

Classification.	City.	State.
Total number of families.....	148,683	709,931
Families without children.....	42,909	196,802
Families with one child.....	27,484	148,208
Families with two children.....	27,551	140,572
Families with three children.....	22,048	107,342
Families with four children.....	14,097	73,338
Families with five children.....	7,564	44,424
Families with six children.....	3,236	23,722
Families with seven children.....	1,366	11,250
Families with eight children.....	431	4,641
Families with nine children.....	121	1,620
Families with ten children.....	29	454
Families with eleven children.....	5	138
Families with twelve children.....	2	35

That is to say, in the city nearly 29 per cent. of families, and in the country nearly 28 per cent. are without children; while the per centage of families with but one or two children is 37 for one, and 40 for the other, (omitting fractions.) Or, in other words, of one hundred families in the city and State of New York, *sixty-six*, on an average, have either no children at all, or but one or two. Of families without children, in proportion to population, the number is considerably larger in the city than in the State.

Of course, these figures include only the children living and residing, we presume, in the State, and can therefore furnish no *precise datum* as to the real propagative power of the population. But the general conclusion is indeed unavoidable, on considering these figures, either that

the mortality of children in families having more than two, is large beyond all reasonable expectation, or that the system of "no incumbrances," the vice of INFANTIPHOBIA is pervading the State of New York to a most alarming extent.

But the figures furnished us by this census give still further insight into the propagative power of the population of this State.

Thus inquiries were made into the number of children born by adult females, whether the children were now living or dead, and whether present or absent from the family. It was intended to include females of advanced age, as well as those surrounded by their families, and the object was to obtain data for determining the natural increase of the population. The information was classified, to represent separately those of American and those of foreign birth, and runs as follows:

	<i>Women of American Birth.</i>	<i>Foreign Birth.</i>		
	<i>City.</i>	<i>State.</i>	<i>City.</i>	<i>State.</i>
Without children.....	3,247	74,366	18,246	40,886
One child.....	8,812	82,273	19,941	42,038
Two children.....	7,449	79,346	19,466	44,573
Three children.....	5,374	65,904	17,085	42,420
Four children.....	4,494	50,099	13,347	37,827
Five children.....	3,046	42,681	9,408	30,870
Six children.....	2,083	33,015	6,694	25,356
Seven children.....	1,396	25,242	4,182	18,160
Eight children.....	935	20,024	2,681	13,502
Nine children.....	634	15,164	1,890	9,677
Ten children.....	446	11,288	1,210	6,991
Eleven children.....	242	7,259	644	4,069
Twelve children.....	186	4,995	431	2,772
Thirteen children.....	115	2,431	238	1,440
Fourteen children.....	57	1,303	155	912
Fifteen children.....	18	512	86	391
Sixteen children.....	5	246	44	214
Seventeen children.....	4	89	16	93
Eighteen children.....	2	42	7	49
Nineteen children.....	3	31	7	28
Twenty children.....	2	14	4	19
Twenty-one children.....	1	—	—	10
Twenty-two children.....	1	7	2	7
Twenty-three children.....	—	1	3	6
Twenty-four children.....	1	2	—	—
Twenty-five children.....	1	3	—	2

Thus as the total result we have 963,236 adult females with 3,531,363 children, or to each female a little over 3.50 per cent. Of the 993,236, 137,745 had absolutely no children, and 303,898 never had more than one or two.

As to the difference between city and State, while in the former it runs very little over 3 per cent., in the State it is over 3.50.

The question arises, whether a per centage of nearly 14 barren adult females in the whole adult female population of a State, and of 30 per cent. of females with but one or two children represents a healthy increase, sufficient, without addition to the population by immigration, to keep up the natural growth of population. We doubt it, and we look with the greatest interest to the full report of this census, and to reports from other States, embodying the same inquiries, for a solution of this interesting and important question. Dr. Hough, who has superintended

the compilation of the census returns, deserves thanks for the introduction of these new and important features.

Notes and Comments.

A Valuable Work Lost!

We would call the attention of our readers to the advertisement by the Librarian of Pennsylvania Hospital for DALRYMPLE *on the Eye*. This valuable work has been taken from the Library—legitimately, without doubt—and no record is left of the name of the person who has it. Any one knowing where the work is, will confer a favor on the profession by communicating with us or with the Librarian.

Clitoridectomy.

The following letter of FORBES WINSLOW, who stands at the head of British authorities on insanity, published in the *Brit. Med. Journal*, is of interest.

"As Mr. BAKER BROWN has mentioned my name in his reply to Dr. WEST's letter, animadverting upon his excision of the clitoris in the treatment of certain forms of insanity, alleged to be associated with sexual irritation and exaltation, caused or promoted by habits of masturbation among women, I think, in justice to myself, I may be permitted to say that I never saw the operation performed, and have not in a single instance countenanced it.

"I have been obliged, during the course of my professional life, to examine many cases of insanity connected with great uterine irritation, and I am bound to confess that I have never detected any local vaginal cause for the mental condition. I now refer particularly to an enlargement or elongation of the clitoris necessitating its removal. I believe that in this type of mental disorder, the source of the disturbance is in the majority of cases situated in the *head*; and that Mr. BAKER BROWN begins his treatment of these cases at the wrong end."

Pneumonia.

Dr. E. H. SNOLL, of Gainesville, Ala., writes, "We have much pneumonia this winter, with extraordinary fatality. For eleven years, and more particularly this winter, I have noticed that an habitual drinker in this latitude, who takes pneumonia, *inevitably dies*. This has been the experience of our oldest and ablest practitioners. Does the same experience hold good in your latitude?"

Homeopathic Walls.

We are told by the *New York Medical Journal*, that Dr. WATZKE, of Vienna, has published a paper with the title, ominous to the homeopaths, *On the Causes of the Dearth of Homeopathic Recruits*. The dearth is also admitted in England, in the following comment on Dr. WATZKE's paper by an English homeopathic journal: "We incline to think that the greatest reason is the want of theoretical and clinical professorships of homeopathy. A very large number of the allopathic profession would willingly study homeopathy, were there some men to guide them. Our literature wants arrangement, and our principles and practice require public demonstration."

Well said for a homeopathic journal.

Quadruple Birth.

Dr. W. S. SHARP, of Cadiz, Ohio, writes, "I attended Mrs. W., Jan. 15th, 1867, when she gave birth to four children, three boys and one girl; three living and one still-born; one has since died. As it was in the country, I had no means of weighing them, but I should judge they averaged about four and a half pounds each."

Public Urinals.

The following item, taken from the legislative proceedings of the State of New York will give comfort, even in anticipation, to residents and travellers in the metropolis.

Mr. M. C. MURPHY gave notice in the Assembly of his intention to introduce a bill, providing for the erection of urinals every 250 feet along the principal avenues and streets in New York City, the same to be under charge of the police, the closets to be closed at 11, P. M.

Mr. Erichsen in Error.

Mr. ERICHSEN, in his last London edition of his work on Surgery, speaking of the dangers attendant on the attempt to reduce old dislocations of the hip-joint, states, that in eight cases the thigh bone has been fractured in the attempt at reduction, and that one of these cases happened to Prof. BLACKMAN, of Cincinnati, adding, however, that "there is no proof that any undue violence was used in any of these cases."

Upon which Prof. BLACKMAN, in the *Cincinnati Journal of Medicine*, comments as follows:

"Consolatory as the last sentence may be to those who have met with the accident above mentioned, we were not aware until reading the above, that anything of the kind had ever occurred in our practice. We have successfully re-

duced by manipulation, luxations of the head of the femur, after seven and a half, six, and four months, to say nothing of others, in which from ten to thirty days had elapsed after the luxation, and have no recollection of having had a fracture in any of the unsuccessful attempts we have made."

Medical Education.

E. D. MANSFIELD, Esq., the very intelligent special contributor of the *Cincinnati Gazette*, has the following remarks in a recent number of that paper on Medical Education. There are thoughts in the extract that are well worthy the attention of all who have anything to do with educating young men for the medical profession.

"Dr. McDERMOTT, Surgeon-General of Ohio, says:

"None but graduates of regular medical schools were admitted to examination, and yet over eighty per cent. of these were rejected for incompetence. The ignorance betrayed by many of the candidates was deplorable, proving that the diploma of a medical college has ceased to be of any value as evidence of capacity.

"If it was the duty of the State, as all concede, to provide competent physicians for the soldiers, it is no less a duty to make similar provision for the citizens; and yet those rejected candidates, with hundreds of others equally incompetent, are now scattered over the State, pursuing their fatal trade with criminal recklessness."—*Dayton Journal*.

"Dr. McDERMOTT deserves thanks for this brief exposition of what intelligent men have long observed,—that medical education is fearfully neglected. Of course, there is another side to this. The well educated, practicing physicians were not among those examined, and make a large class. No one supposes that the medical profession has not many men of skill, science and high character. But there is no profession which has within it so large a proportion of unintelligent, unthinking, uneducated members. How happens this? Simply because the standards of medical education, the medical colleges, give men diplomas for a minimum of medical knowledge, and no knowledge of anything else. They go into the community with that diploma to try experiments of all sorts on the bodies and minds of their fellow citizens, with no judge, as with lawyers, to decide cases; no presbyteries or bishops, like the clergy, to determine their merits, and not even a chamber of commerce, like the merchants, to settle character. They go out, with lancet and pill box, with calomel and quinine, to deal with the patient community. Few escape so well as one who, being ordered to take pills, left the box untouched on the mantel piece. The doctor came in the morning:

Quoth the Doctor—"My medicine did good."

"It did no harm, for yonder it hath stood."

"It is absurd to suppose that young men, without any preliminary education, can be fitted for

the medical profession by hearing four lectures a day for six months, with a few evenings in an anatomical room. The result is very injurious to the profession itself; for if the people must employ doctors hap-hazard, without any peculiar learning, most of them will be as likely to employ the disciple of HAHNEMAN, *similis similibus*; or, the botanic with number six; or the hydro-pathist with ten gallons of extra water; or the galvanist with four metal rings, as the doctor of the regular profession."

In the REPORTER of Jan. 19th was published a communication on Pumpkin Seed in *Tænia*, purporting to come from "M. V. CULIN, M. D.", of Delaware City, Del. We understand that it is a fraud—there being no medical man of that name in Delaware City. If laymen choose to give us their observations on the use of remedies, we hope they will do so *as such*, and not presume to give the sanction of professional authority where it does not belong.

The American Agriculturist and New York Evening Post.

The *American Agriculturist* besides being one of the best agricultural papers in the country, is a most uncompromising opponent of quackery and humbuggery of all kinds. We have often had occasion to commend it to the attention of our readers. We notice that by an arrangement with the *New York Evening Post*—of which W. C. BRYANT is the editor—the weekly issue of that excellent paper and the *Agriculturist* are furnished at the low rate of \$2,50 a year. The system of clubbing two or three papers, journals and magazines, together, combines variety and economy, as many of our readers know who take other journals and magazines in connection with the REPORTER.

"The Sparkling Stream"

Is the title of a collection of Temperance Melodies which we have received from CHARLES M. TREMAINE, 481 Broadway, New York. Temperance songs enlist the interest and enthusiasm of the young, and add greatly to the attractions of temperance meetings, and as our readers are all temperance men—if not, they ought to be—we would call their attention to this little work.

We have received a remittance from Galatin, Tenn., in a letter without a signature. Who sent it?

EXAMINING SURGEONS APPOINTED BY THE COMMISSIONERS OF PENSIONS.—Dr. E. V. BELL, Terre Haute, Indiana; Dr. JOHN RUSSELL, Winchendon, Mass.

Correspondence.

DOMESTIC.

A New Therapeutic Preparation.

EDITOR MEDICAL AND SURGICAL REPORTER:

An addition to the *materia medica* has recently been brought to our notice, the effect of which in my experience of a few cases, has satisfied me of the propriety of recommending it to the attention of the profession, through the REPORTER. It is called *Rhus Wine*, being prepared from the berries, or drupes, of the *rhus glabrum*, or sumac, in combination with water and saccharine matter. The wine contains in an agreeable and concentrated form, the well-known medical properties of the fruit from which it is made, modified by fermentation, together with a moderate proportion of alcohol, developed by the fermentation of the saccharine matter.

Fructus Rhus Glabrum has been long known and appreciated as a valuable pharmaceutic article, from its acid and astringent properties, though the only method of using it heretofore, has been by simple infusion. The Persians, by calling this tree or shrub *Sumeck*, gave it its present popular name, and the Romans, who called it *Rhus* (the Greeks spelled it *ρυς*) gave it the name it now bears in Natural Science.

The utility of this wine as a medical agent, must of course be judged by the inherent qualities of the *rhus glabrum*. Its principal active ingredients, are known to be malic and tannic acids, and tartaric acid has also been obtained from the berries. As each of these acids also exists in the grape, their presence in the berries of the sumac, must be regarded as favorable to the utility of the *rhus wine*, though their larger relative proportion in the latter, especially of the tannic acid, must render it medicinally much preferable, in many circumstances, to either of the wines produced from the grape. By a variation in the process of making, either the malic or the tannic acid can be placed in the ascendant. It is understood that in future the *rhus wine* will be presented under two classifications, viz., *sparkling* and *still* wines. The former it is claimed will be preferable as a tonic-refrigerant; that in which the malic acid predominates, acting as an aperient, and that in which the tannic acid prevails as an astringent. It is believed that the tannic acid of the berry, undergoes some important modification in the fermenting process, as its puckery taste, which is very strong when the fermentation commences, entirely disappears before it ends. On

the supposition, which appears possible, that a portion of the tannic becomes converted into gallic acid, the medicinal effect could not be greatly dissimilar, these being kindred acids. Another important distinction between the grape and the *rhus glabrum*, is, that *lime* is the alkaline base of the latter, and *potassa* the base of the former. Indeed the *rhus*, abundant as it is in the United States and over the world, does not grow in soils which are not somewhat calcareous.

The following extracts from WOOD & BACHE'S U. S. Dispensatory, pp. 710, 711, give us information of interest on this subject. "Mr. W. J. WATSON ascertained that free malic acid and bimalate of lime coexist in the berries, which contain also, upon the same authority, tannic and gallic acid, fixed oil, extractive, red coloring matter, and a little volatile oil." "Professor W. B. ROGERS, found the acid (malic) to be combined with lime in the state of bimalate." "The flowers appear in July, and the fruit ripens in the early part of autumn. Mr. WATSON found in the bark of the root, albumen, gum, starch, tannic, and gallic acids, caoutchouc, resin, coloring matter, and evidences of volatile oil." "From the experiments of DR. STENHOUSE, it appears that the tannic acid of sumach is identical with that of galls, being, like it, resolved under the influence of sulphuric acid into glucose and gallic acid; and this change is supposed to take place spontaneously in sumach when long kept." The malic acid is claimed by the maker of the *rhus* wine, to act the part of sulphuric acid above referred to, in converting the saccharine matter into the quality of glucose, by being brought into contact with it in the fermenting process.

This article, *rhus* wine, containing all the available properties of the fruit, with the addition of a very fine flavor, is commended for use in the same disorders as the common infusion, viz., sore throat, laryngeal and bronchial catarrh, dyspepsia, night sweats, diarrhoea, and, as a tonic and refrigerant, in fevers. My own experience with it has been chiefly in catarrhs, using it both as a gargle and stimulant, requiring the patients to swallow it after gargling, instead of rejecting it. We are indebted for this useful and pleasant preparation, to a clerical gentleman, Rev. ELIHU G. HOLLAND; its origin, I understand, having been derived from the simple circumstance of eating one of the ripe sumac drupes in August 1852, in the vicinity of the Catskill Mountains, and being encouraged by some medical gentlemen to undertake its preparation.

It may be obtained through the agency of CASSWELL, MACK & CO., Druggists of this city.

Respectfully yours,

JOHN H. GRISCOM, M. D.

New York, January, 1867.

News and Miscellany.

Da Costa's Medical Diagnosis.

The *London Lancet*, in noticing the second edition of this excellent work of our townsman, says:

"We consider a work on Diagnosis to be essentially a pretentious undertaking, tasking the very highest and acutest faculties of the mind. The larger the scale of the work, of course, the more pretentious and the more difficult the undertaking. DR. DA COSTA's work is on a large scale. It includes all medical forms of disease. And we have to report that the undertaking has been admirably executed. We have been struck with the way in which DR. DA COSTA seems to have remembered every separate form of disease, though the plan of his book is such that he might easily have failed to do so. He has grouped diseases according to their marked symptoms, not in compliance with the usual pathological classification in systematic works. He has succeeded remarkably well also in stating those detailed points, the faculty of observing which, makes the difference between the diagnostic faculty of one physician and another.

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"DR. DA COSTA's book is of a kind for which there was good room in medical literature. It is quite up to the time, and discusses the value of the aid given in diagnosis by recent instruments, such as the sphygmograph, the thermometer, and the aesthesiometer. The publisher's work is well done: the paper, the type, and the compact binding of the volume really contrasts favorably with some books recently turned out by English publishers."

Importance of Ventilation.

DR. J. HENRY BENNET, in his lectures "On the Treatment of Pulmonary Consumption by Hygiene, Climate, and Medicine," published in the *Lancet*, mentions two remarkable incidents, demonstrating the importance of fresh air. He says:

"Some years ago I was riding in the Highlands of Scotland with a local proprietor, when we came upon a village of well-built stone houses with slate roofs, which strongly contrasted with the miserable shanties or hovels generally met with. On my complimenting him on his rebuilt village, he told me that he had acted for the best in erecting these good weather-proof houses for his tenants, but that, singular to relate, they had proved more unhealthy than the miserable dwellings which their occupants previously inhabited. Fever and other diseases had proved rife in the new houses. On examination, I found that the windows were fastened, and never opened; and I have no doubt that their comparative unhealthiness was in reality owing to their being quite weather-tight, and consequently unventilated. In the miserable hovels they previously inhabited, if the rain of heaven came in, so did pure air.

"The other fact is narrated by Prof. HIND, in

